

FMCSA Motor Carrier

USDOT Number: 2318393

Docket Number: MC145402

Legal Name: CONTRACT TRANSPORT SERVICES, LLC



DBA (Doing-Business-As) Name CONTRACT TRANSPORT SERVICES

Addresses

Business Address: 1634 COFRIN DRIVE
GREEN BAY, WI 54302

Business Phone: (920) 436-7910 Business Fax: Fax: (920) 437-4306

Mail Address: PO BOX 8235
GREEN BAY, WI 54308

Mail Phone: (920) 436-7910 Mail Fax: Undeliverable Mail: NO

Authorities:

Common Authority:	ACTIVE	Application Pending:	NO		
Contract Authority:	ACTIVE	Application Pending:	NO		
Broker Authority:	INACTIVE	Application Pending:	NO		
Property:	YES	Passenger:	NO	Household Goods:	NO
Private:	NO	Enterprise:	NO		

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$750,000	BIPD on File:	\$750,000
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	NO
BOC-3:	YES			Bond Required:	YES	Bond on File:	NO

Blanket Company: NATIONAL RESIDENT AGENT SERVICE, INC.

Comments: 7-24-12- TRANSFER FILED. CONSUMMATION DUE 7-31-12. TL ;MC-145402 SUB 13, REENTITLED
UNDER MC-169351 SUB 1 DECISION SERVED 6/11/84. NAME CHANGED FROM LAKE LINE EXPRESS,
INC., PENDING DECISION MC145402 RECLASSIFIED FROM ACCOUNTING CLASS 3 TO 2 08/29/94

Active/Pending Insurance:

Form:	91X	Type:	BIPD/Primary	Posted Date:	08/25/2017	
Policy/Surety Number:	161701 9282302 SN	Coverage From:		\$0	To:	\$750,000
Effective Date:	09/01/2017	Cancellation Date:				

Insurance Carrier: PENNSYLVANIA MANUF. ASSOC. INS.
Attn: ANGIE MARRARA, COMMERCIAL AUTO UNDERWRITING
Address: 380 SENTURY PARKWAY., P.O. BOX 3031
BLUE BELL, PA 19422 US
Telephone: (610) 397 - 5000 Fax:

Rejected Insurances:

Form:	Type:			
Policy/Surety Number:	Coverage From:	\$0	To:	\$0
Received:	Rejected:			
Rejected Reason:				

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CA 0221007	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 12/01/1994	To: 12/01/1996		Disposition: Replaced		

Insurance Carrier: ST. PAUL PROTECTIVE INSURANCE COMPANY

Attn: PLEASE CONTACT YOUR LOCAL AGENT

Address: ONE TOWER SQUARE, CL PMU-AUTO-6GS
HARTFORD, CT 06183 US

Telephone: Fax:

Form: 91	Type: BIPD				
Policy/Surety Number: 133 617611-7	Coverage From	\$0	To:	\$750,000	
Effective Date From: 12/01/1996	To: 12/01/1997		Disposition: Replaced		

Insurance Carrier: NORTH RIVER INSURANCE CO.

Attn: TO REPORT A CLAIM CALL 888-890-1500

Address: 305 MADISON AVE. P.O. BOX 1973
MORRISTOWN, NJ 07960 US

Telephone: (973) 490 - 6000 Fax:

Form: 91	Type: BIPD				
Policy/Surety Number: 503 139977-1	Coverage From	\$0	To:	\$750,000	
Effective Date From: 12/01/1996	To: 12/01/1996		Disposition: Replaced		

Insurance Carrier: NORTH RIVER INSURANCE CO.

Attn: TO REPORT A CLAIM CALL 888-890-1500

Address: 305 MADISON AVE. P.O. BOX 1973
MORRISTOWN, NJ 07960 US

Telephone: (973) 490 - 6000 Fax:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CLP80082A	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 12/01/1997	To: 01/03/2001		Disposition: Cancelled		

Insurance Carrier: GREAT WEST CASUALTY CO.

Attn: OPERATOR

Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US

Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CLP80082A	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 12/01/1997	To: 12/01/2000		Disposition: Replaced		

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CA-K08566	Coverage From	\$0	To:	\$1,000,000	
Effective Date From: 12/01/2000	To: 04/01/2009		Disposition: Cancelled		

Insurance Carrier: ACUITY, A MUTUAL INSURANCE COMPANY
Attn: ED WARREN, VP CL UNDERWRITING
Address: 2800 SOUTH TAYLOR DR.
SHEBOYGAN, WI 53081 US
Telephone: (800) 242 - 7666 Fax: (920) 458 - 1618

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CTP	Coverage From	\$0	To:	\$750,000	
Effective Date From: 04/01/2009	To: 11/15/2009		Disposition: Cancelled		

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CTP	Coverage From	\$0	To:	\$750,000	
Effective Date From: 04/01/2009	To: 10/16/2009		Disposition: Replaced		

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

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Insurance History:

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: CTP 0677294	Coverage From	\$0	To:	\$750,000
Effective Date From: 10/16/2009	To: 04/28/2012		Disposition: Cancelled	

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: CTP 0677294	Coverage From	\$0	To:	\$750,000
Effective Date From: 10/16/2009	To: 04/01/2012		Disposition: Replaced	

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: CA-X38418	Coverage From	\$0	To:	\$750,000
Effective Date From: 04/01/2012	To: 09/07/2012		Disposition: Transferred	

Insurance Carrier: ACUITY, A MUTUAL INSURANCE COMPANY
Attn: ED WARREN, VP CL UNDERWRITING
Address: 2800 SOUTH TAYLOR DR.
SHEBOYGAN, WI 53081 US
Telephone: (800) 242 - 7666 Fax: (920) 458 - 1618

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: CA-X38418	Coverage From	\$0	To:	\$750,000
Effective Date From: 08/09/2012	To: 04/01/2016		Disposition: Replaced	

Insurance Carrier: ACUITY, A MUTUAL INSURANCE COMPANY
Attn: ED WARREN, VP CL UNDERWRITING
Address: 2800 SOUTH TAYLOR DR.
SHEBOYGAN, WI 53081 US
Telephone: (800) 242 - 7666 Fax: (920) 458 - 1618

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Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: A0054067001	Coverage From	\$0	To:	\$750,000	
Effective Date From: 04/01/2016	To: 09/01/2017		Disposition: Replaced		

Insurance Carrier: SENTRY INSURANCE A MUTUAL COMPANY
Attn: EARL LAIS
Address: 1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481 US
Telephone: (800) 295 - 6919 Fax: (715) 346 - 6044

Form: 34	Type: CARGO				
Policy/Surety Number: 011 006 64 90	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 12/01/1994	To: 01/11/1997		Disposition: Cancelled		

Insurance Carrier: WEST BEND MUTUAL INSURANCE CO.
Attn: DEBRA K. WILLIAMS
Address: 1900 SOUTH 18TH AVENUE
WEST BEND, WI 53095 US
Telephone: (262) 338 - 5010 Fax: (262) 334 - 9109

Form: 34	Type: CARGO				
Policy/Surety Number: 011 006 64 90	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 12/01/1994	To: 12/01/1996		Disposition: Replaced		

Insurance Carrier: WEST BEND MUTUAL INSURANCE CO.
Attn: DEBRA K. WILLIAMS
Address: 1900 SOUTH 18TH AVENUE
WEST BEND, WI 53095 US
Telephone: (262) 338 - 5010 Fax: (262) 334 - 9109

Form: 34	Type: CARGO				
Policy/Surety Number: 503- 139977-1	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 12/01/1996	To: 12/01/1997		Disposition: Replaced		

Insurance Carrier: NORTH RIVER INSURANCE CO.
Attn: TO REPORT A CLAIM CALL 888-890-1500
Address: 305 MADISON AVE. P.O. BOX 1973
MORRISTOWN, NJ 07960 US
Telephone: (973) 490 - 6000 Fax:

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Form: 34	Type: CARGO				
Policy/Surety Number: CLP80082A	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 12/01/1997	To: 01/03/2001		Disposition:	Cancelled	

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO				
Policy/Surety Number: CLP80082A	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 12/01/1997	To: 12/01/2000		Disposition:	Replaced	

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO				
Policy/Surety Number: IM-K08566	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 12/01/2000	To: 04/01/2009		Disposition:	Cancelled	

Insurance Carrier: ACUITY, A MUTUAL INSURANCE COMPANY
Attn: ED WARREN, VP CL UNDERWRITING
Address: 2800 SOUTH TAYLOR DR.
SHEBOYGAN, WI 53081 US
Telephone: (800) 242 - 7666 Fax: (920) 458 - 1618

Form: 34	Type: CARGO				
Policy/Surety Number: CCI 0677296	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 04/01/2009	To: 04/27/2012		Disposition:	Cancelled	

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

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Insurance History:

Form: 84	Type: SURETY	Coverage From	\$0	To:	\$10,000 *
Policy/Surety Number: 46013011786840		To: 11/14/1988			
Effective Date From: 12/07/1985				Disposition: Cancelled	

Insurance Carrier: UNITED STATES FIDELITY & GUARANTY CO.

Attn: PLEASE CONTACT YOUR LOCAL AGENT

Address: ONE TOWER SQUARE, -5GS
HARTFORD, CT 06183 US

Telephone: Fax:

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action		
	MOTOR PROPERTY COMMON CARRIER	GRANTED	09/17/2012		
	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	09/17/2012		
17	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	11/14/1991	TRANSFER CONSUMMATED	09/11/2012
12	MOTOR PROPERTY COMMON CARRIER	GRANTED	08/06/1981	TRANSFER CONSUMMATED	09/11/2012
2	MOTOR PROPERTY COMMON CARRIER	GRANTED	07/24/1981	TRANSFER CONSUMMATED	09/11/2012
6	MOTOR PROPERTY COMMON CARRIER	GRANTED	03/10/1981	TRANSFER CONSUMMATED	09/11/2012
10	MOTOR PROPERTY COMMON CARRIER	GRANTED	02/25/1981	TRANSFER CONSUMMATED	09/11/2012
9	MOTOR PROPERTY COMMON CARRIER	GRANTED	12/01/1980	TRANSFER CONSUMMATED	09/11/2012
8	MOTOR PROPERTY COMMON CARRIER	GRANTED	11/12/1980	TRANSFER CONSUMMATED	09/11/2012

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Sub No.	Authority Type	Original Action	Disposition Action	
14	PROPERTY BROKER	GRANTED	03/26/1985	REVOKED 12/22/1988
13	MOTOR PROPERTY CONTRACT CARRIER	GRANTED		RENUMBERED 05/18/1984

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
BROKER		12/22/1988	VOLUNTARY REVOCATION